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Sports hernia: evaluation, treatment, and results of surgical intervention in the competitive athlete.

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Objective: To review the evaluation, treatment and results of surgical intervention of abdominal wall pain in competitive athletes. **Methods:** This is a retrospective study of 40 male competitive athletes who presented with complaints of abdominal wall pain. Most experienced symptoms bilaterally. All gave a history of chronic injury which had failed conservative treatment. The majority of these patients could no longer participate in athletics at a competitive level. 50% of patients underwent diagnostic testing including MRI and/or Ultrasonography. All patients underwent a history and physical exam. In only one of the cases was diagnostic testing positive for abdominal wall injury. All patients had a positive “sit-up” test consistent with an abdominal wall injury. The authors reviewed the results of outpatient Laparoscopic Uni/Bilateral Hernia Repair with reinforcement of the lower abdominal wall with mesh in 25 professional/college level athletes, 25 elite recreational/semi-professional athletes and 15 recreational athletes. Following surgical intervention all patients were placed on a rehabilitation regimen which typically resulted in return to unrestricted sports participation within 6 weeks. **Results:** 95% of the professional/collegiate athletes returned to their sport at the same level and were pain free. 95% were considered excellent/good results based on performance questionnaires, and stated they would undergo the procedure again. 90% of the elite recreational/semi-professional athletes returned to their sports pain free. These athletes had excellent/good results and stated they would undergo the procedure again. 85% of the recreational athletes returned to their sports program and were pain free and were considered excellent/good results. 95% of these athletes stated they would undergo the procedure again. **Conclusions:** Outpatient Laparoscopic Uni/Bilateral Hernia Repair with mesh reinforcement of the lower abdominal wall is shown to be a successful treatment for chronic abdominal wall injury. The diagnosis of this entity is best made by a proper history and physical exam. In the vast majority of cases diagnostic testing is negative. All patients should be informed that, despite successful surgical intervention, symptoms may persist.

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